



Instructions for Completing the Annual School Immunization Survey Worksheet

Schools should use these instructions as a guide to complete the survey worksheet form. The worksheet form will assist in totaling the vaccine-specific counts needed to report for a given grade on the Annual School Immunization Survey using the Kentucky Online Gateway portal. Worksheets **will not be collected**; however the Kentucky Immunization Program requests you keep all survey materials on file until April 30, 2017, in case further questions arise as part of the data cleaning process. A copy of the kindergarten and sixth grade worksheets has been included in your packet; however you can access a copy of the age-specific worksheet forms (and all other survey materials) on the Kentucky Immunization Program website at:

<http://chfs.ky.gov/dph/epi/Annual+Immunization+School+and+Childcare+Survey.htm>.

Please read if you plan to use Infinite Campus to complete this survey

Schools which enter vaccine-specific information into Infinite Campus do not need complete a survey worksheet. Please use the **Immunization Compliance Summary Report**, including the **Compliance Totals** and **Dose Count Totals** for all immunizations for the specific age group. Instructions for how to interpret these reports can be found in the Infinite Campus Instructions, located on the KIP website.

Below is an example of the administered immunization section of the Commonwealth of Kentucky Immunization Certificate.

The total number of doses a child has received of one immunization can be determined by counting the number** of doses listed (or how many date blanks have been completed) on the child's Commonwealth of Kentucky Immunization Certificate next to the corresponding vaccine.

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Diphtheria, Tetanus, Pertussis #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___ #5 ___/___/___

Hib #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

PCV (Pneumococcal) #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Polio #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

Hepatitis B #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ or Adult dose: #1 ___/___/___ #2 ___/___/___

MMR (Measles, Mumps, Rubella) #1 ___/___/___ #2 ___/___/___






Varicella #1 ___/___/___ #2 ___/___/___ or child has had chickenpox or zoster disease (X) ___

Tdap #1 ___/___/___ or Td #1 ___/___/___ MCV (Meningococcal) #1 ___/___/___

****Note** KIP relies on healthcare providers to accurately administer all vaccines according to the Advisory Committee on Immunization Practices (ACIP) recommended schedule. However, we know that some immunizations reflected on the Commonwealth of Kentucky Immunization Certificate are not valid as they have been given at inappropriate intervals. Although this survey appears as though we are only concerned with the number of doses administered, it is our expectation that you are familiar with the ACIP recommended schedule and 902 KAR 2:060 outlining school-entry vaccination requirements. Thereby, recommending children receive additional immunizations when vaccinations are not administered correctly, regardless of the number of doses listed on the certificate.



Instructions for Completing the Annual School Immunization Survey Worksheet

Certificate Information		
Item to be filled out on worksheet	Instructions	Notes
Child ID	Enter each child's name or child's designated ID in your facility in this column	You may enter any identifier you assign in order to complete the worksheet. KIP only uses this information to clean the data and make corrections with each institution as necessary.
Child Date of Birth	Enter child's date of birth	Please enter the date of birth in the format MM/DD/YY
Certificate Expiration Date	Enter the date the Immunization Certificate will expire	Please enter the date in the format of MM/DD/YY
Current/Provisional Certificate	Indicate with a checkmark if the child's Certificate is Current/Provisional 	Check this box if the child has a current/provisional certificate and has all the immunizations required according to the ACIP schedule.
Expired Certificate	Indicate with a checkmark and write Exp. next to the mark in the Current/Provisional/Expired column of the worksheet if the child's certificate is Expired  Exp.	Check the current/provisional certificate box and write Exp. next to the checkmark if a child's certificate is Expired. Continue to record all of the vaccine-specific data, including expiration date on the worksheet.
Medical Exemption	Indicate with a checkmark if the child has a medical exemption 	Check this box if the child has a medical exemption for some or all recommended immunizations. If a child has a medical exemption, but has had some vaccinations, please record the total number of doses for each immunization a child has received in the Vaccination-Specific section of the worksheet. If the medical exemption lists specific vaccination(s) the child is exempt from receiving, please highlight the cell(s) in the matching vaccine column(s) in the corresponding row for this child.
Religious Exemption	Indicate with a checkmark if the child has a religious exemption 	Check this box if the child has a religious exemption for all immunizations. In some instances, some children with religious exemptions may have received vaccinations as an infant or young child. Please mark in the Vaccination-Specific section of the worksheet all of the number of immunizations the child has received prior to acquiring a religious exemption.
No Certificate on File	Indicate with a checkmark if the child does not have a certificate on file 	Only check this box if a child does not have ANY certificate on file.



Instructions for Completing the Annual School Immunization Survey Worksheet

Vaccine-Specific Information		
Item to be filled out on worksheet	Instructions	Notes
DTaP/DTP/DT	Enter the total number of doses of DTaP/DTP or DT the child has received.	If the child has received less than 4 doses of the DTaP/DTP/DT vaccine, circle it on the worksheet.
PCV	Enter the total number of PVC vaccine the child has received.	If the child has received less than 4 doses of PVC vaccine, circle it on the worksheet.
Polio	Enter the total number of doses of Polio the child has received.	If the child has received less than 3 doses of the Polio vaccine, circle it on the worksheet.
Hepatitis B	<p>3 Dose Enter the total number of Hepatitis B vaccine doses the child has received.</p> <p>Alt. 2 Adult Dose Schedule Enter the total number of doses of alternate 2 dose schedule Hepatitis B vaccine the child or adolescent has received.</p>	<p>If the child has received less than 3 doses of the Hepatitis B vaccine, circle it on the worksheet.</p> <p>The alternate 2 dose adult Hepatitis B is for Sixth Graders only as part of the catch-up schedule.</p>
MMR	Enter the total number of doses of MMR the child has received.	If the child has received less than 2 doses of MMR vaccine, circle it on the worksheet.
Varicella	Enter the total number of doses of Varicella the child has received, or note if this child has had chickenpox.	<p>If the child has received less than 2 doses of Varicella vaccine, circle it on the worksheet.</p> <p>Chickenpox If a provider has diagnosed a child with chickenpox or the herpes zoster virus, and it is documented on the immunization certificate, write CP on the worksheet in the corresponding row for that child.</p> <p>Count the number of cells with CP written in the Varicella column and report that number in the Vaccine Dose Summary for Chickenpox on the survey.</p>
Tdap	Enter the total number of doses of Tdap <u>OR</u> Td Booster vaccine the child has received.	<p>Sixth graders ONLY If the child has received less than 1 dose of Tdap vaccine, or less than 1 dose of Td Booster vaccine, circle it on the worksheet.</p>
MCV	Enter the total number of MCV doses the child has received.	<p>Sixth graders ONLY If the child has received less than 1 dose of MCV vaccine, circle it on the worksheet.</p>



Instructions for Completing the Annual School Immunization Survey Worksheet

Zeros versus Unknown Entries

It is very important to distinguish between data which are unknown, missing, and/or a zero. An unknown or missing data entry is something which there is no record and you cannot retrieve it from a given location. In regard to Immunization Data you gather from the Immunization Certificate, if a certificate is not part of a child's file, it is missing or unknown. If you do not have a certificate to provide you with the necessary information to complete the survey, then this information is considered missing and should be noted as such. For the purpose of this survey, we will be using DK (Don't Know) for any entry in the Annual School Survey Worksheets where you do not have a certificate from which to gather any data.

Zeros on the other hand are very important and useful data and paint a very different picture in the data world! They tell us that a child does have a certificate, but for whatever reason does not have the required shots for his or her age group. This could be because of a medical or religious exemption, a new student, or numerous other circumstances where a child has not received the ACIP recommended vaccinations.

It is very important that all fields where entries are required are filled in! Blank data fields cause us to follow up with schools to determine if the data are missing or zero, or at the very worst causing us to make "best guesses". Please keep this in mind as you fill out the survey this year. If you come across something that doesn't look right or is confusing, please call or email us and we would be happy to assist you with the survey.

Hollie R. Sands, MPH
Epidemiologist III
502-564-4478 x 4264
Hollie.sands@ky.gov

Check out the EXAMPLES on our website to help you fill out the worksheets.